



Beautiful Plains Community Foundation Inc.
Box 486, 487 Walker Ave.
Neepawa, MB R0J 1H0
Phone: 204.476.2681
Email: info@beautifulplainscf.ca

GRANT APPLICATION FORM

A. APPLICANT ORGANIZATION INFORMATION

Name:

Mailing Address:

Email:

Street Address: (if applicable)

Postal Code:

Telephone:

Year Established:

Website:

Number of Employees:

Full-Time:

Part-Time:

Number of Volunteers:

Contact Person:

Title:

Contact Email:

Contact Telephone:

List of Board of Directors:

The Beautiful Plains Community Foundation requires all grant cheques be written to a registered charity. If the grant applicant is not a registered charity you must have a registered charity accept the grant cheque on behalf of you organization. This will be the Sponsor Agency for the Project.

Grant Applicant's Revenue Canada Charitable Registration Number:

~OR~

Sponsor Agency for Project:

Sponsor Agency Revenue Canada Charitable Registration Number:

A Sponsor Agency Letter of Support is required and must be included with this application.

1. What is the purpose of your organization?

2. What services are provided by your organization?

3. What is the geographic area served by your organization?

Town of Neepawa,
RM of Glenella-Lansdowne
Other (please list)

Langford Portion of the RM of North Cypress-Langford
RM of Rosedale

4. Who utilizes your services?

Toddler (0-4)
Youth (5-18)

Young Adult (18-35)
Adult (36-65)

Senior (66 & up)
All Age Groups

5. How many people do you serve?

Up to 10
Up to 50
Up to 100

Up to 500
Over 500

6. How are the operations of the organization funded?

Programming
All of the Above

Donations
Other (please list)

Fundraisers

Grants

B. PROJECT INFORMATION

1. Project Name:
2. Describe the project:

3. What are the goals and objectives of the project? (for example: What challenge is this project solving for your community or organization?)

C. GRANT REQUEST OF BPCF

Amount Requested:

Total Cost of Project:

Project Start Date:

Project completion Date:

Have you approached other sources of support? Yes No *(if yes, please list on budget below)*

D. PROJECT FUNDING

Project Expenses	
<i>Item</i>	<i>Amount</i>
Total:	

Sources of Revenue	Confirmed	Unconfirmed
Request from BPCF		
Funding on Hand		
<i>(As indicated in Section C) Other Sources of Revenue</i>		
Subtotal:		
Total:		

E. ACKNOWLEDGEMENT OF FUNDING

How will the Beautiful Plains Community Foundation Inc. be recognized in contributing to this project?

Local Newspaper (article/ad)

Newsletter/Organizational Publications

Photographs

Signage (Provided by BPCF)

Other:

F. AUTHORIZATION

Has your organization authorized this grant?

Date:

This application must be signed by two representatives of the organization (Chairperson, President, Treasurer or Secretary)

Signature:

Title:

Name (Please Print):

Signature:

Title:

Name (Please Print):

If submitted digitally, typing your name is considered an electronic signature.

Checklist

- Grant report from previously granted project if not already submitted
- One completed application form
- One copy of your organization's most recent annual financial statement
- One copy of your organization's budget for the last fiscal year
- One copy of your organization's budget for the current fiscal year
- One Sponsor Agency Letter of Support (if applicable)
- One quote for all capital projects required, **two preferred**
- One detailed project budget

NOTE: The details of our organization may be made available to our donors and to the public

INCOMPLETE GRANT APPLICATIONS WILL NOT BE CONSIDERED.

Please review your application before submission.

Digitally completed application packages must be received no later than 5:00 pm March 31.

Applications received after this deadline will not be considered

The Beautiful Plains Community Foundation Inc. will not be held responsible for any grant applications not received by the grant deadline.

Please do not hesitate to call 204-476-2681 or email info@beautifulplainscf.ca should you have any questions regarding this grant application.